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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0851-0031

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Under the Papawork Reduction Act of 1995, no pareon	Application Number	09/674;	714					
TRANSMITTAL	Filing Date	12/19/2000						
FORM	First Named Inventor	Gotfredse						
) Oitin	Art Unit	2876	-					
	Exeminer Name	FRANKUN	JA	MARA A.				
(to be used for all correspondence effer Initial filling)	Attorney Docket Number	105.01		<u> </u>				
Total Number of Pages in This Submission		102.01						
ENCLOSURES (Check all that apply)								
	Drawing(8) Licensing-related Papers		Appeal	Communication als and Interfere	to Board			
Amendment/Reply	Petition		Appeal (Appeal	Communication Notice, Brist, Rep	to TC Ny Brief)			
After Final	Petition to Convert to a Provisional Application Power of Attorney, Revocation	,	Proprié Status	tery information				
Affidavits/declaration(s) Extension of Time Request	Change of Correspondence A Terminal Disclaimer			Enclosure(a) (plei	ese identify			
Express Abandonment Request	Request for Refund				•			
Information Disclosure Statement	CD, Number of CD(s)							
Gertified Copy of Priority Rema	Landscape Table on CC) <u>-</u>						
Document(s)								
Reply to Missing Parts/ Incomplete Application								
Reply to Missing Parts under 37 CFR 1.52 or 1.53								
j .								
SIGNATURE	OF APPLICANT, ATTO	RNEY, OR AG	ENT					
Firm Name TEMMERMAN LA	tw OFFICE							
Signature // A V								
Printed name MATHEW J. TEMMERMAN								
Dato 12/19/2000		Reg. No. 54	,48	7				
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Typed or printed name MATHEW J.	TEMMERMAN	J	Date	22 Nov.	2005			

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AND		Franklin, Jamara Alzalda	
NEW POWER OF ATTORNEY	Art Unit	2876	
ATTORNEY WITH	First Named Inventor	Bjarke De Jaeger Gotfredsen	
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I hereby revoke all previous powers of attorney given in the abo	ve-identified application.				
A Power of Attorney is submitted herewith.					
OR ✓ I hereby appoint the practitioners associated with the Custome	er Number: 55409				
Please change the correspondence address for the above-iden The address associated with Customer Number: 55409	itified application to:				
OR .					
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I am the: Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE					
SIGNATURE of Applicant or Assignee of Record					
Signature William Rece					
Name Kenneth Reacs for Scard Development APS Date 11/15/2006 Tele	phone 83/687-0676				
NOTE: Bignatures of all the inventors or assignees of record of the entire interest or their representations.	. 100 00 00 10				
signature is required, see below.					

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PTC/SB/96 (08-04)

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STATEMENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Scard Development APS	
Application No./Petent No.: 09/674714 Filed/Issue Date: filed 12/19/2000	
Entitled:	
Scard Development APS . a corporation (Type of Assignee, e.g., corporation, partnership, ut	niversity, government agency, etc.)
states that It is: 1.	
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is%	
in the patent application/patent identified above by virtue of either:	
An assignment from the inventor(s) of the patent application/patent identified above. The in the United States Patent and Trademark Office at Reel 011418 Frame 0767 thereof is attached.	
OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the below:	current essignee as shown
1. From:	teched.
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3. From: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof	s attached.
Additional documents in the chain of title are listed on a supplemental sheet.	
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the number 302.08]	submitted to Assignment ecords of the USPTO. <u>See</u>
The undersigned (whose/fittle is supplied below) is authorized to act on behalf of the assignee.	11/15/2005 Date 831 687 0676
Signature	831 687 0676
Kenneth Resca Printed or Typed Name	Telephone Number
Dre Aldorati	
The	

Title

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